



243 CR 414 JONESBORO, AR 72404 PH: 870-933-6457 FAX: 870-933-0446

Account Opening/Credit Approved By: _____

Pmt.Terms (net30 & fuel-net10) or COD: _____

REQUESTED CREDIT AMOUNT: _____

Customer Name: _____ Federal Tax ID # _____ Billing Address: _____ _____ Circle One: Fuel Lube Both
Ship To Address: _____ _____ _____ Purchasing Contact: _____

Accounts Payable Contact: _____

Business Phone Number: _____

Business Fax Number: _____

Is Delivery Address inside City Limits? _____ What City is Delivery to? _____ What County is Delivery to? _____ Salesman /Code _____ Does Cust Pay Sales Tax? _____ (If No, Attach Exemption form) Sales Tax Exemption number: _____

Please provide a copy of your tax exemption certificate, otherwise it is assumed that all sales are taxable.

Owner's Social Security # _____

Does Customer have a Blanket PO number ? _____

Does Customer want Invoices Faxed or Emailed? _____

Email address or FAX # _____

Special Shipping Instructions: _____

*Receiving Hours _____

Are you a Federal Government or Agency? _____ State Government or Agency? _____

Type of Organization: _____ Corporation _____ LLC _____ Individual _____ Proprietorship
 _____ Federal Government _____ State Government _____ Partnership

If proprietorship, give name of owner. If partnership, list names of all partners. If corporation, list names of the officers: President, Treasurer, Controller.

NAME	TITLE	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank References: Please list banks with which you currently are doing business.

1.) Bank _____ Phone _____
 Address, City, State _____
 Contact _____ Phone _____

2.) Bank _____ Phone _____
 Address, City, State _____
 Contact _____ Phone _____

In order to receive the best prices possible, I wish to join the MSS Preferred Customer Program and pay all my invoices when due by ACH Bank draft.

Preferred Customer? Yes _____ NO _____

If yes, the ACH bank form will be sent to you for completion.

Trade References: Please list those firms with which you have done business for more than one year.

1.) Firm _____ Phone _____

Address, City, State _____

2.) Firm _____ Phone _____

Address, City, State _____

3.) Firm _____ Phone _____

Address, City, State _____

The owners, officers, members, managers, shareholders, and/or partners herewith acknowledge and assume personal responsibility for debts incurred in the name of the Company.			
Signature	Date	Signature	Date
Signature	Date	Signature	Date

I understand Mid-South Sales payment terms are: Invoices on the purchase of all Fuel products are to be paid no later than 10 days from the date of delivery, Invoices on the purchase of all Non-Fuel Products are to be paid no later than 30 days from the date of delivery. In the event it becomes necessary for Mid-South Sales to enforce payment of any Debt incurred in the name of the Company, it shall be entitled to all costs of collection including, without limitation, court costs, attorney fees, collection fees, and interest at the rate of 1.5% per month, or the lesser of the maximum amount allowed by law on all amounts due and payable. (We reserve the right to change your credit limit or any terms at our discretion.)

I have read, understand, and accept the above terms, have provided true information to the best of my knowledge, and have retained a copy of this Agreement for my records. I further authorize Mid-South Sales to request credit information from the above listed companies.

BY: _____ Title _____ Date _____

Please note that we expect payment in accordance within our 10 day terms for the purchase of all Fuel Products and 30 day Terms for the purchase of all Non-Fuel Products.